

3764

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TOTAL NUMBER OF PAGES BEING SENT (INCLUDING COVER SHEET): 14

☐ Original documents to follow by mail

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DATE: July 23, 2004

TO: Examiner Glen Richman
Group Art Unit: 3764

FAX #: 703-872-9306

PHONE #: 703-308-3170

Application No.: 09/382,433
Applicant: STARK et al.
Due Date: July 28, 2004

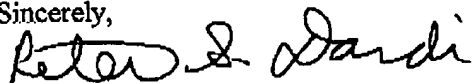
OUR REF.: 2947.03US02

FROM: Peter S. Dardi, Ph.D.
PHONE #: (612) 349-5746

Attached please find the following in response to the Office Action dated January 28, 2004:

1. Amendment Transmittal - 2 pages
2. Amendment - 11 pages

Sincerely,



Peter S. Dardi, Ph.D.
Reg. No. 39,650

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office, Fax No. 703-872-9306 on the date shown below thereby constituting filing of same.

July 23, 2004
Date


Peter S. Dardi

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Attorney Docket No. 2947.03US02

AMENDMENT TRANSMITTAL

In re the application of:

Stark et al.

Confirmation No.: 5227

Application No.: 09/382,433

Examiner: Glen Richman

Filed: August 25, 1999

Group Art Unit: 3764

For: ORTHOSES FOR JOINT REHABILITATION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Enclosed are:

- ☒ Amendment (11 pages).
☐ Petition for Extension of Period for Response.
☐ _____

The filing fee has been calculated as shown below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra (Equals)	Small Entity Rate	Add'l Fee	OR	Large Entity Rate	Add'l Fee
Total	17	- 49	=	x 9	\$		x 18	\$
Indep.	1	- 6	=	x 43	\$		x 86	\$
Mult. Dep.			=	+ 143	\$		+ 290	\$
TOTAL					\$0.00	OR	TOTAL	\$

☐ First Presentation of Multiple Dependent Claim (MDC)

- * If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

Application No. 09/382,433

- [X] Applicant(s) is/are entitled to small entity status in accordance with 37 CFR 1.27.
- [] A check in the amount of \$0.00 is attached. The Commissioner is hereby authorized to charge payment of any fees under 37 C.F.R. § 1.16 for presentation of extra claims or credit any overpayment to Deposit Account No. 16-0631.

Respectfully submitted,




Peter S. Dardi, Ph.D.
Registration No. 39,650

Please grant any extension of time necessary for entry; charge any fee due to Deposit Account No. 16-0631.

CERTIFICATE OF FACSIMILE TRANSMISSION

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July 23, 2004
Date


Peter S. Dardi